

Document 3. VBID in Maryland Information Form

Our goal is to highlight on the VBID website different value-based plans currently in operation in Maryland. This will allow both consumers and interested businesses to learn more about VBID offerings in the state.

Please provide the following information about your VBID plan:

1. **Name of Organization:** (please include a link to the organization's website)

2. **Brief Description of Your Organization:**

3. **Program Features:** (description of VBID components, including incentives)

Carrots

Sticks

4. **Program Objectives:**

5. **Available patient outcomes data:** (including any relevant charts or graphs)

6. **Available Cost Outcomes data:** (including any relevant charts or graphs)

7. **Other results of interest:**

8. Publications: (if the publication is online, please provide a link to the publication)

9. Date of Implementation:

10. Contact Information:

- a. Name:
- b. Title:
- c. Organization:
- d. Phone number:
- e. Email:

11. A link to learn more about the project online: (if available)

12. Multimedia: (any available pictures or videos)

Please submit via email to:

Sara Cherico, MPH
Health Policy Analyst Advanced
Office of the Secretary
Maryland Department of Health and Mental Hygiene
sara.cherico@maryland.gov
Direct 410-767-5660